Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination	FILEDENTE	
	DISTRICT COURT SG AUG 15 2019	
Western Distr	rict of Washington BY AT SEATTLE CLERK U.S. DISTRICT COURT WESTERN DISTRICT OF WASHINGTON DEF	UT
Civil	Division	1
Aretha Penise Brown	(to be filled in by the Clerk's Office)	_
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (check one) Yes No	
-v-		
Amazon-Flex Amazon. com Inc. Defendant(s)		
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)		

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

The Plaintiff(s)

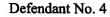
Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Miss Hrethatenise Brown
Street Address	5832 Cady Road
City and County	Everett, NA 98203-37275
State and Zip Code	Snohomish Country 2
Telephone Number	(20e) 902-0315
E-mail Address	Aretha Denise Brown @gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Case 2:19-cv-01287-RSM Document 1-1 Filed 08/15/19 Page 2 of 6 Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination Amazon-Flex/ Amazon.com Inc. Defendant No. 1 Neil Alexander, Esq., Shareholder Attenney 2301 McFee Street, Sq. te 800 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number Unknown unknown E-mail Address (if known) Defendant No. 2 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known) Defendant No. 3 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)



Name

Job or Title (if known)

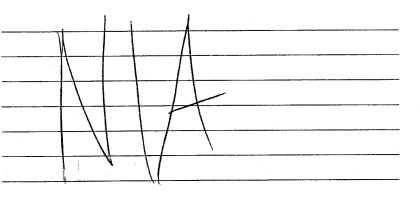
Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)



C.

Π.

C.	Place of Employment						
	r - J						
	The address at which I sough	t employn	nent or was	s employed	by the	defendant(s)) is

	Name	Amazon-Flex/Amazon.com Inc.
	Street Address	416 Jerry Ave, N.
	City and County	Seattle, WA 98/091
	State and Zip Code	King County L
	Telephone Number	1-888-281-69013 Email: amozomoko support com
Basis for Juris	sdiction	
This action is b	prought for discrimination in	n employment pursuant to (check all that apply):
	Title VII of the Civil Ri	ghts Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race,
	color, gender, religion, r	national origin).
		g suit in federal district court under Title VII, you must first obtain a etter from the Equal Employment Opportunity Commission.)
	Age Discrimination in E	Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
		g suit in federal district court under the Age Discrimination in ust first file a charge with the Equal Employment Opportunity
M	Americans with Disabili	ities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
		g suit in federal district court under the Americans with Disabilities in a Notice of Right to Sue letter from the Equal Employment in.)
	Other federal law (specify	the federal law):
	Relevant state law (specif	fy, if known):
	Relevant city or county	law (marife if transm):
		им (specijy, у кношту.

III. Statement of Claim

E.

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

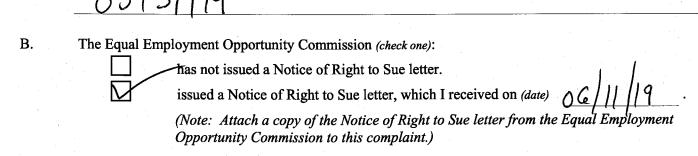
A.	The discriminatory conduct of which I complain in this action includes (check all that apply):
	Failure to hire me.
	Termination of my employment.
	Failure to promote me.
	Failure to accommodate my disability.
	Unequal terms and conditions of my employment.
	Retaliation.
	Other acts (specify): Misclassification of W-2 as 1099
	(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)
В.	It is my best recollection that the alleged discriminatory acts occurred on date(s) $10 \sqrt{21/17} + 0.03 \sqrt{20/19}$
C.	I believe that defendant(s) (check one):
	is/are still committing these acts against me.
	is/are not still committing these acts against me.
D.	Defendant(s) discriminated against me based on my (check all that apply and explain):
Δ.	race
	color
	gender/sex
	religion
	national origin
	age (year of birth) (only when asserting a claim of age discrimination.)
	disability or perceived disability (specify disability)
	08/26/18 MVA

The facts of my case are as follows. Attach additional pages if needed.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or			
	my Equal Employment Opport	unity counselor regarding	the defendant's alleged disc	riminatory conduct
	on (date)			
	15/31/19			



C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

60 days or more have elapsed.
less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

All damages as indicated in WA Labor & Industries Claims for Injury #2828234 J #137121 Wage etc.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

B.

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff
Printed Name of Plaintiff

For Attorneys

Date of signing:

Signature of Attorney
Printed Name of Attorney
Bar Number
Name of Law Firm
Street Address
State and Zip Code
Telephone Number
E-mail Address